

1996

OMB #: 0586-0014

Expires: October 31, 1996

WHAT WE EAT IN AMERICA: 1994-1996

DAY ONE INTAKE QUESTIONNAIRE

PLACE CASE LABEL HERE

SAMPLE PERSON #: |__|__|

INTERVIEWER NAME: _____

|__|__|:|__|__| AM 1
TIME STARTED PM 2

INTERVIEWER ID: |__|__|

DATE OF INTERVIEW: |__|__|-|__|__|-19 |__|__|
MO DA YR

|__|__|:|__|__| AM 1
TIME ENDED PM 2

DAY OF INTERVIEW: _____

INTERVIEW CONDUCTED:

IN PERSON ①
BY TELEPHONE 2

FIRST NAME OF
SAMPLE PERSON: _____

DATE OF BIRTH: |__|__|-|__|__|-|__|__|
MO DA YEAR

OR
AGE: |__|__| YRS 1
MOS 2

SEX: M 1 F 2

FOR HOME OFFICE USE ONLY

DATE RECEIVED: _____

VERIFIER ID: _____

MC: ____ YES ____ NO

BATCH #: _____

Conducted for the United States Department of Agriculture
by Westat Inc., Rockville, MD

DAY 1

1.



I'd like you to tell me everything (you/NAME) had to eat and drink all day yesterday, (DAY), from midnight to midnight. Include everything (you/NAME) ate and drank at home and away -- even snacks, coffee, and alcoholic beverages. [DO NOT INTERRUPT RESPONDENT. USE HANDCARD I1 IF NECESSARY.]

[IF INFANT OR CHILD SP:] I'd like you to tell me everything (NAME) had to eat and drink all day yesterday, (DAY), from midnight to midnight. Include everything (he/she) ate and drank at home and away, including snacks and drinks (and bottles or breast milk).

[WHEN RESPONDENT STOPS, ASK: Anything else?]

Now I'm going to ask you for more detail about the foods and beverages you just listed. I will be using this notebook to find the specific questions I need to ask. When you remember anything else (you/NAME) ate or drank as we go along, please tell me.

When I ask about amounts, you can use these measuring guides: the cups and spoons for volume of foods; the ruler for length, width, and height of foods; the sticks for thickness of meat, poultry, and cheese; and the circles on the card for the diameter of round foods. Please use any of your own cups, mugs, or bowls to estimate the amount of food (you/NAME) ate or drank at home yesterday, or check any package labels that may be helpful.

WHEN ASKING ABOUT FIRST FOOD RECORDED ON QUICK LIST, GO TO 2b.

- 2a. Did (you/NAME) have (NEXT QUICK LIST ITEM) at (TIME) with (your/his/her) (OCCASION) or was that at another time? [CONFIRM IF OBVIOUS OR IF RECORDED ON QUICK LIST. IF SAME TIME AND OCCASION, SKIP TO BOX 1; IF AT ANOTHER TIME, ASK Q2b.]
- 2b. About what time did (you/NAME) begin to (eat/drink) the (FOOD)? [OR CONFIRM IF RECORDED ON QUICK LIST]
3. Looking at this card, please tell me what (you/NAME) would call this occasion? [OR CONFIRM IF RECORDED ON QUICK LIST]



- | | |
|--------------|-------------------------------|
| 01 BREAKFAST | 06 FOOD AND/OR BEVERAGE BREAK |
| 02 BRUNCH | SNACK |
| 03 LUNCH | ALCOHOLIC BEVERAGE |
| 04 DINNER | OTHER BEVERAGE |
| 05 SUPPER | 07 FEEDING (INFANT ONLY) |
| | 08 OTHER (SPECIFY) |

BOX 1

- STEP 1: TRANSFER QUICK LIST FOOD TO THE FOOD/DRINK COLUMN. CHECK OFF FOOD IN QUICK LIST AS IT IS TRANSFERRED.
- STEP 2 (Q4): GO TO FIB COLUMN Q4 FOR FOOD PROBES. BE SURE TO REQUEST FOOD LABELS IF RESPONDENT CANNOT ANSWER PROBES IN COLUMN Q4.
- STEP 3 (Q5): GO TO FIB COLUMN Q5 HEADING FOR AMOUNT QUESTION.
- STEP 4: RETURN TO Q2a FOR NEXT FOOD RECORDED IN QUICK LIST.

INDIVIDUAL INTAKE FORM

Q1		Q2	Q3		Q4
Quick List of Food Items	✓	Time	Occ. (HAND-CARD 12)	Food/Drink and Additions	Description of Food/Drink and Ingredient Amount
A.		a		1.	
B.		p			
C.		a		2.	
D.		p			
E.		a		3.	
F.		p			
G.		a		4.	
H.		p			
I.		a		5	
J.		p			
K.		a		6.	
L.		p			
M.		a		7.	
N.		p			
O.		a		8.	
P.		p			
Q.		a		9.	
R.		p		10.	
S.		a			
T.		p		11.	
U.		a			
V.		p		12.	
W.		a			
X.		p		13.	
		a			
		p		14.	
		a			
		p		15.	
		a			
		p		16.	
		a			
		p			

[illegible]

INDIVIDUAL INTAKE FORM (continued)

Q2 Time	Q3 Occ. (HAND- CARD I2)	Food/Drink and Additions	Q4 Description of Food/Drink and Ingredient Amount
a p		17.	
a p		18.	
a p		19.	
a p		20.	
a p		21.	
a p		22.	
a p		23.	
a p		24.	
a p		25.	
a p		26.	
a p		27.	
a p		28.	
a p		29.	
a p		30.	
a p		31.	
a p		32.	

INDIVIDUAL INTAKE FORM (continued)

Q2 Time	Q3 Occ. (HAND- CARD I2)	Food/Drink and Additions	Q4 Description of Food/Drink and Ingredient Amount
a p		33.	
a p		34.	
a p		35.	
a p		36.	
a p		37.	
a p		38.	
a p		39.	
a p		40.	
a p		41.	
a p		42.	
a p		43.	
a p		44.	
a p		45.	
a p		46.	
a p		47.	
a p		48.	

[illegible]

[illegible]

REVIEW

6. Now let's see if I have everything. I'd like you to try to remember anything else (you/NAME) ate or drank yesterday, that you haven't already told me about, including anything (you/NAME) ate or drank while preparing a meal or while waiting to eat.

6a. Did (you/NAME) have anything to eat or drink between midnight yesterday and (your/NAME'S) (TIME) (FIRST OCCASION)?

6b. Now at (TIME) for (THIS OCCASION) (you/NAME) had (FOODS), did (you/NAME) have anything else?

6c. Did (you/NAME) have anything to eat or drink between (your/NAME's) (TIME) (THIS OCCASION) and (TIME) when (you/NAME) had (NEXT OCCASION)?

REPEAT 6b AND 6c FOR EACH OCCASION EXCEPT LAST OCCASION.
FOR LAST OCCASION, GO TO 6d.

6d. Now at (TIME) for (LAST OCCASION) (you/NAME) had (FOODS), did (you/NAME) have anything else?

6e. Did (you/NAME) have anything to eat or drink after (your/NAME's) (TIME) (LAST OCCASION) but before midnight last night?

Now let's go back to the beginning of the day and find out where (you/NAME), or other people who live here, obtained the food (you/NAME) ate and where (you/NAME) ate it.

7. (Looking at this card) Where did (you/NAME) obtain (THIS FOOD/MOST OF THE INGREDIENTS FOR THIS FOOD)?

HAND
CARD
13

- 01 STORE, SUCH AS
SUPERMARKET, GROCERY STORE,
OR WAREHOUSE, CONVENIENCE
STORE, DRUG STORE, OR
GAS STATION
SPECIALTY STORE SUCH AS BAKERY,
DELI, SEAFOOD, ETHNIC FOOD,
HEALTH FOOD
COMMISSARY
PRODUCE STAND OR FARMER'S
MARKET
- 02 RESTAURANT WITH WAITER/WAITRESS
SERVICE
- 03 FAST FOOD PLACE, PIZZA PLACE
- 04 BAR, TAVERN, LOUNGE
- 05 SCHOOL CAFETERIA
- 06 OTHER CAFETERIA
- 07 VENDING MACHINE
- 08 CHILD CARE CENTER, FAMILY DAY
CARE HOME, ADULT DAY CARE

- 09 SOUP KITCHEN, SHELTER, FOOD PANTRY
- 10 MEALS ON WHEELS
- 11 OTHER COMMUNITY FOOD PROGRAM
- 12 GROWN OR CAUGHT BY YOU OR SOMEONE
YOU KNOW

IF FISH OR SEAFOOD, ASK: Did it come from a..

- 71 Freshwater lake, pond, or river
- 72 The ocean, or
- 73 A bay, sound, or estuary?
- 74 DON'T KNOW BODY OF WATER

13 SOMEONE ELSE/GIFT

SOME OTHER PLACE (PLEASE DESCRIBE)

- 14 MAIL ORDER PURCHASE
- 15 COMMON COFFEE POT OR
SNACK TRAY
- 16 RESIDENTIAL DINING FACILITY
- 17 OTHER (SPECIFY)
- 98 DON'T KNOW

8. Did (you/NAME) (eat/drink) this (FOOD) at your home?

IF YES, GO BACK TO Q7 FOR NEXT FOOD.
IF NO, GO TO Q9.

9. Before (you/NAME) (ate/drank) this particular (FOOD), was it ever at your home?

REPEAT Q7-9 FOR EACH FOOD.

10. Was the amount of food that (you/NAME) ate yesterday about usual, less than usual, or more than usual?

USUAL 1 (Q13)
 LESS THAN USUAL 2 (Q11)
 MORE THAN USUAL 3 (Q12)

11. What is the main reason the amount (you/NAME) ate yesterday was less than usual?

SICKNESS 01
 SHORT OF MONEY 02
 TRAVELING 03
 AT A SOCIAL OCCASION OR
 ON A SPECIAL DAY 04
 ON VACATION 05
 TOO BUSY 06
 NOT HUNGRY 07
 DIETING 08
 FASTING 09
 BORED OR STRESSED 10
 SOME OTHER REASON (SPECIFY) 11

(Q13)

____|____|

12. What is the main reason the amount (you/NAME) ate yesterday was more than usual?

TRAVELING 1
 AT A SOCIAL OCCASION OR
 ON A SPECIAL DAY 2
 ON VACATION 3
 VERY HUNGRY 4
 BORED OR STRESSED 5
 SOME OTHER REASON 6
 (SPECIFY) _____

____|____|

13. What type of salt, if any, (do you/does NAME) add to (your/his/her) food at the table? Would you say it is ordinary salt, seasoned salt, lite salt, or a salt substitute?

HAND
CARD
I4

ORDINARY SALT/SEA SALT 1
 SEASONED SALT OR OTHER
 FLAVORED SALT 2
 LITE SALT 3
 SALT SUBSTITUTE 4
 NONE 5 (Q15)
 DON'T KNOW 8 (Q15)

14. How often (do you/does NAME) add (ANSWER IN Q13) to (your/his/her) food at the table? Is it always, frequently, sometimes, or rarely?

ALWAYS 1
 FREQUENTLY 2
 SOMETIMES 3
 RARELY 4



Now I'd like you to think about all of the plain drinking water that (you/NAME) had yesterday, regardless of where (you/he/she) drank it. By plain drinking water, I mean tap water or any bottled water that is not carbonated, with nothing added to it, not even lemon.

15. How many fluid ounces of plain drinking water did (you/he/she) drink yesterday?

|_|_|_|
FLUID OUNCES

NONE 000 (Q18)

16. How much of this plain drinking water came from your home? Would you say all, most, some, or none?

ALL 1 (Q18)
MOST 2
SOME 3
NONE 4

17. What was the main source of plain drinking water that did not come from your home? Was it tap water, water from a drinking fountain, bottled water, or something else?

TAP WATER AND/OR DRINKING FOUNTAIN 1
BOTTLED WATER 2
OTHER SOURCE 3
(SPECIFY)
DON'T KNOW 8

|_|_|

18. (Are you/Is NAME) on any kind of diet either to lose weight or for some other health-related reason?

YES 1
NO 2 (Q22)

CIRCLE ALL THAT APPLY AND ASK Q20 AND Q21 IN SEQUENCE FOR EACH DIET CIRCLED.

		WEIGHT LOSS OR LOW CALORIE DIET	LOW FAT OR CHOLESTEROL DIET	LOW SALT OR SODIUM DIET
19.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">HAND CARD I6</div> Looking at this card, please tell me which of these diets (you are/NAME is) on.	01	02	03
20.	(Are you/Is NAME) on this (ANSWER IN Q19) because . . . A doctor or dietitian suggested or prescribed it? A medical condition runs in your family? You joined another person on his/her diet? You want to maintain or improve your health? You want to lose weight? Some other reason? (IF YES, SPECIFY)	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 (SPECIFY) __ __	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 (SPECIFY) __ __	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 (SPECIFY) __ __
21.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">HAND CARD I7</div> Looking at this card, please tell me which of these <u>best</u> describes the source of (your/his/her) (ANSWER IN Q19). (CODE ONLY ONE) AN ORGANIZED WEIGHT LOSS PROGRAM A DOCTOR OR DIETITIAN SOMETHING YOU READ OR HEARD ABOUT SOMETHING YOU MADE UP SOMETHING ELSE (SPECIFY UNDER CODE 5) 1 2 3 4 5 (SPECIFY) __ __ 1 2 3 4 5 (SPECIFY) __ __ 1 2 3 4 5 (SPECIFY) __ __

SUGAR FREE OR LOW SUGAR DIET	LOW FIBER DIET	HIGH FIBER DIET	DIABETIC DIET	OTHER DIET <hr/> (SPECIFY)
04	05	06	07	08 _ _
<u>YES NO</u> 1 2 1 2 1 2 1 2 1 2 1 2 <hr/> (SPECIFY) _ _	<u>YES NO</u> 1 2 1 2 1 2 1 2 1 2 1 2 <hr/> (SPECIFY) _ _	<u>YES NO</u> 1 2 1 2 1 2 1 2 1 2 1 2 <hr/> (SPECIFY) _ _	<u>YES NO</u> 1 2 1 2 1 2 1 2 1 2 1 2 <hr/> (SPECIFY) _ _	<u>YES NO</u> 1 2 1 2 1 2 1 2 1 2 1 2 <hr/> (SPECIFY) _ _
..... 1 2 3 4 5 <hr/> (SPECIFY) _ _ 1 2 3 4 5 <hr/> (SPECIFY) _ _ 1 2 3 4 5 <hr/> (SPECIFY) _ _ 1 2 3 4 5 <hr/> (SPECIFY) _ _ 1 2 3 4 5 <hr/> (SPECIFY) _ _

22. Do you consider (yourself/NAME) to be a vegetarian?

YES 1
NO 2

23. How often, if at all, (do you/does NAME) take any vitamin or mineral supplement in pill or liquid form? Would you say every day or almost every day, every so often, or not at all?

EVERY DAY OR ALMOST
EVERY DAY 1
EVERY SO OFTEN 2
NOT AT ALL 3 (Q26)

24.



Looking at this card, which of these types of supplements (do you/does NAME) usually take... a multivitamin; multivitamin with iron or other minerals; combination of Vitamin C and iron; or single vitamins or minerals? (CIRCLE ALL THAT APPLY)

MULTIVITAMIN 1
MULTIVITAMIN WITH IRON
OR OTHER MINERALS 2
COMBINATION OF VITAMIN C
AND IRON 3
SINGLE VITAMINS/MINERALS 4

BOX 2

IS "4" CIRCLED IN Q24?

YES 1 (Q25)
NO 2 (Q26)

25.



Looking at this card, which of these single vitamins and minerals (do you/does he/she) usually take? (CIRCLE ALL THAT APPLY)

VITAMIN A 01
VITAMIN B/B COMPLEX 02
VITAMIN C 03
VITAMIN D 04
VITAMIN E 05
CALCIUM 06
FOLACIN 07
FLUORIDE 08
IRON 09
ZINC 10
SELENIUM 11
CHROMIUM 12
SOMETHING ELSE (SPECIFY) 13

26. (Do you/Does NAME) take a fish oil supplement?

YES 1
NO 2

27. (Do you/Does he/she) take a fiber supplement?

YES 1
NO 2

28. (Have you/Has NAME) ever had (your/his/her) blood cholesterol checked?

YES 1
NO 2
DON'T KNOW 8

29. How tall (are you/is he/she) without shoes?

|_| |_|
FEET INCHES

30. About how much (do you/does NAME) weigh without shoes?

|_|_|_|
POUNDS

31. In general, would you say (your/his/her) health is excellent, very good, good, fair, or poor?

EXCELLENT 1
VERY GOOD 2
GOOD 3
FAIR 4
POOR 5

32. (Do you/Does NAME) have any food allergies that make it necessary to avoid certain foods?

YES 1
NO 2 (Q34)

33. What food allergies (do you/does NAME) have? (CIRCLE ALL THAT APPLY.)

WHEAT 01
COW'S MILK 02
EGGS 03
FISH OR SHELLFISH 04
CORN 05
PEANUTS 06
OTHER NUTS 07
SOY PRODUCTS 08
OTHER (SPECIFY) 09

_	_
_	_
_	_

34. Has a doctor ever told (you/NAME) that (you have/he/she has): (CIRCLE A NUMBER FOR EACH)

	<u>YES</u>	<u>NO</u>
Diabetes?	1	2
High blood pressure (Hypertension)?	1	2
Heart disease?	1	2
Cancer?	1	2
Osteoporosis?	1	2
High blood cholesterol?	1	2
Stroke?	1	2

35. How many hours did (you/NAME) watch television or videotapes yesterday?

|_|_|
OF HOURS

BOX 3

SAMPLE PERSON IS . . .

LESS THAN 12 YEARS OF AGE 1 (TIME ENDED)
12 YEARS OF AGE OR OLDER 2 (Q36)

36. How often do you exercise vigorously enough to work up a sweat?

DAILY 1
5-6 TIMES PER WEEK 2
2-4 TIMES PER WEEK 3
ONCE A WEEK 4
1-3 TIMES PER MONTH 5
RARELY OR NEVER 6

37. Have you smoked 100 or more cigarettes during your entire life?

YES 1
NO 2 (Q40)

38. Do you smoke cigarettes now?

YES 1
NO 2 (Q40)

39. On average, how many cigarettes per day do you smoke?

|_|_|_|
PER DAY

40. The last few questions are about alcoholic beverages, including beer, ale, wine, wine coolers, liquor such as whiskey, rum, gin, and vodka, and mixed drinks containing liquor.

During the past 12 months, that is, since last (NAME OF MONTH), have you consumed any alcoholic beverage?

YES 1
NO 2 (TIME ENDED)

41. During the past 12 months, have you consumed any:

	<u>YES</u>	<u>NO</u>
Beer or ale?	1	2
Wine or wine coolers?	1	2
Liquor, such as whiskey, rum, gin, or vodka, or mixed drinks containing liquor?	1	2
Any other alcoholic beverages?	1	2
(SPECIFY) _____		

|_|_|_|

THANK RESPONDENT

CODER USE ONLY.
QLIST: |_|_|_|

TIME ENDED _____ AM
PM

INTERVIEWER OBSERVATION FORM

[DO NOT READ THESE QUESTIONS TO THE RESPONDENT.]

A. WHO WAS THE MAIN RESPONDENT FOR THIS INTERVIEW?

SAMPLE PERSON 01
 MOTHER OF SAMPLE PERSON 02
 FATHER OF SAMPLE PERSON 03
 WIFE OF SAMPLE PERSON 04
 HUSBAND OF SAMPLE PERSON 05
 DAUGHTER OF SAMPLE PERSON 06
 SON OF SAMPLE PERSON 07
 SISTER OF SAMPLE PERSON 08
 BROTHER OF SAMPLE PERSON 09
 GRANDPARENT OF SAMPLE PERSON 10
 AUNT OF SAMPLE PERSON 11
 UNCLE OF SAMPLE PERSON 12
 SOMEONE ELSE (SPECIFY) 13

|_|_|

B. WHO ELSE HELPED IN RESPONDING FOR THIS INTERVIEW? (CIRCLE ALL THAT APPLY)

NO ONE 00
 SAMPLE PERSON 01
 MOTHER OF SAMPLE PERSON 02
 FATHER OF SAMPLE PERSON 03
 WIFE OF SAMPLE PERSON 04
 HUSBAND OF SAMPLE PERSON 05
 DAUGHTER OF SAMPLE PERSON 06
 SON OF SAMPLE PERSON 07
 SISTER OF SAMPLE PERSON 08
 BROTHER OF SAMPLE PERSON 09
 GRANDPARENT OF SAMPLE PERSON 10
 AUNT OF SAMPLE PERSON 11
 UNCLE OF SAMPLE PERSON 12
 SOMEONE ELSE (SPECIFY) - OTHER
 THAN INTERVIEWER 13

_	_
_	_
_	_

C. DID YOU OR THE RESPONDENT HAVE DIFFICULTY WITH THIS INTAKE INTERVIEW?

YES 1
 NO 2 (BOX 4)

D. WHAT WAS THE REASON FOR THIS DIFFICULTY?

BOX 4	
SAMPLE PERSON IS . . .	
LESS THAN 12	1 (QF)
12 OR OLDER	2 (QE)

E. DO YOU THINK OTHER PEOPLE COULD HAVE HEARD THE ANSWERS TO Q37-41?

YES 1
 NO 2

F. IS DATA RETRIEVAL NECESSARY FOR DAYCARE/BABY-SITTER/SCHOOL/OR OTHER CARETAKER?

YES 1
 NO 2

[IF YES, RECORD SOURCE INFORMATION ON FOLLOW-UP CALL RECORD ON HOUSEHOLD FOLDER.]

what we eat in **AMERICA** 1994-96

WHAT WE EAT IN AMERICA: 1994-1996
CONTINUING SURVEY OF FOOD INTAKES BY INDIVIDUALS

Conducted for:

United States Department of Agriculture

Conducted by:

Westat
1650 Research Blvd.
Rockville, MD 20850